

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.**

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**CLEAR Institute Scoliosis Treatment Protocols**

**MP9695**

**Covered Service:** No

**Prior Authorization Required:** No

**Additional Information:** None

**Prevea360 Health Plan Medical Policy:**

1.0 CLEAR Institute scoliosis treatment protocols are considered experimental and investigational, and therefore not medically necessary.

	<b>Committee/Source</b>	<b>Date(s)</b>
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